

**Laboratory Division** 550 West 16<sup>th</sup> Street, Suite C Indianapolis, IN 46202 (317) 921-5300



# **Student Worker / Intern Application**

Name:					
	(Last)	(First)	(Middle)		
Home Address:					
Work Address:					
Home Phone:		Work Phone:			
	Work Phone: Email Address:				
DOB:	드	nan Address.			
EDUCATION AND SKILLS					
	2500/1110				
1. Do you have	a college degree?	YES	NO		
If yes, ple	ase complete the following	ng:			
College/University:					
Location	:				
Degree:		Date Received	l:		
2. Are you curre	ently enrolled in a college	or university?	NO		
If yes, please complete the following:					
College/University:					
Location	:				
Major:		Degree Sough	t:		
Expected	d Graduation Date:				



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\*If more space is necessary to answer the following questions, please use additional sheets. **YES** NO 3. Are you familiar with general computer applications? (Word processing, e-mail, internet research, etc.) 4. Any additional specialized training and/or courses you may have:



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### **EMPLOYMENT AND EXPERIENCE**

Please list your current and previous employers for the past 5 years. Begin with your most recent.

1.	Company Name: _	
	Address:	
	Job Title:	
	Duties:	
	_	
	Employment Dates	
	Contact and Title::	
	Phone Number:	
	Reason for Leaving	
2.	Company Name: _	
	Address:	
	_	
	Job Title:	
	Duties:	
	_	
	Employment Dates	
	Contact and Title::	
	Phone Number:	
	Reason for Leaving	



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### **EMPLOYMENT AND EXPERIENCE CONTINUED**

3.	Company Name:
	Address:
	Job Title:
	Duties:
	Employment Dates:
	Contact and Title::
	Phone Number:
	Reason for Leaving:
4.	Company Name:
	Address:
	Job Title:
	Duties:
	Employment Dates:
	Contact and Title::
	Phone Number:
	Reason for Leaving:



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# **EMPLOYMENT AND EXPERIENCE CONTINUED** Company Name: \_\_\_\_\_ Address: Job Title: **Duties:** Employment Dates: \_\_\_\_\_ Contact and Title:: **Phone Number:** Reason for Leaving: NO 1. May we contact your present or past supervisors? If no, please explain: NO 2. Have you ever volunteered/interned with any other law enforcement agencies or businesses? If yes, please explain: YES NO 3. Are you willing to participate in a background check? 4. Have you ever been convicted of a felony?

5. Are you currently on probation?



Name

## **Indiana State Police**

### **Laboratory Division**

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Relationship

\*Please understand a "yes" response to either of the last two questions is automatically disqualifying. In addition, all undisclosed and later discovered criminal history may result in disqualification during the background investigation and truth verification interview. This may include, but is not limited to the following: traffic accidents, traffic tickets, citations, employment history, drug and alcohol use, past probation, date and number of misdemeanor crime convictions. If you have additional questions regarding disqualifying criminal history do not contact the Crime Lab. You must contact the Indiana State Police Human Resources Division at (317) 232-8275.

### PERSONAL REFERENCES

**Phone Number** 

Please list three (3) individual references, excluding family members and employers.

GOAL and OBJECTIVES				
Please give a brief explanation why you want to be an intern with the Indiana State Police Forensic Crime Laboratory.				
Signature:		Date:		

Please forward completed application to:
Indiana State Police Laboratory Division
Attention: Intern Coordinator\*
550 West 16<sup>th</sup> Street, Suite C
Indianapolis, IN 46202
\*Please indicate which internship you are applying for.